

POSITION	INITIALS	ID NO.	DATE
DEC DETERMINATION	M/L		06-12-0
C.I.P.E. CLASSIFIER		65-0	6-14-01
FORMALITY REVIEW	F/I	57	7-15-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	06-01-05
Original	07-07-05
02	09-05
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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